

WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE

Summary of changes to HEDIS 2001

- ◆ ICD-9-CM code V70.0 was removed from this measure because it was inappropriate for this age range.

Note: This measure has the same structure as measures in the Effectiveness of Care domain. MCOs should follow the "Specific Guidelines for Effectiveness of Care Measures" when calculating this measure.

Description

The percentage of enrolled members who turned 15 months old during the measurement year, who were continuously enrolled in the MCO from 31 days of age, and who received either zero, one, two, three, four, five, or six or more well-child visits with a primary care practitioner during their first 15 months of life. A child should be included in only one numerator (e.g., a child receiving six well-child visits will not be included in the rate for five, four or fewer well-child visits). MCOs will calculate seven rates for each of the two product lines (Medicaid and commercial).

Eligible Population

Product Line(s): Medicaid and commercial (report each product line separately).

Age(s): 15 months old during the measurement year.

Continuous

Enrollment: 31 days of age through 15 months. Calculate 31 days of age by adding 31 days to the child's date of birth. Calculate the 15-month birthday as the child's first birthday plus 90 days. For example, if a child, born on January 9, 1999, is included in the rate of six or more well-child visits, he or she must have had six well-child visits by April 9, 2000.

Allowable Gap: No more than one gap in enrollment of up to 45 days during the continuous enrollment period. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a one month gap in coverage (i.e., a member whose coverage lapses for two months (60 days) is not considered continuously enrolled).

Anchor Date(s): Enrolled as of the day the child turns 15 months old.

Benefit(s): Medical.

Event/Diagnosis: None.

Administrative Specification

Denominator: The eligible population.

Numerators: Seven separate numerators are calculated, corresponding to the number of members who received: zero, one, two, three, four, five, and six or more well-child visits with a primary care practitioner during their first 15 months of life. To count toward the measure, the well-child visit must occur with a primary care practitioner. The primary care practitioner, however does not have to be the practitioner assigned to the child.

A child is considered to have received a well-child visit if he/she had a

claim/encounter from a primary care practitioner with one of the codes listed in Table U2-A.

Note: MCOs should refer to the Practitioner Turnover measure for the definition of primary care practitioners.

Table U2-A: Codes to Identify Well-Child Visits

CPT Codes	ICD-9-CM Codes
99381, 99382, 99391, 99392, 99432	V20.2, V70.3, V70.5, V70.6, V70.8, V70.9

Note: MCOs with internal codes, or other transaction data not cited above for Medicaid members, that denote an EPSDT well-child visit may use these codes as long as they document methods used to track EPSDT well-child visits.

Exclusions (Optional):

None.

Hybrid Specification

Denominator:	A systematic sample drawn from the MCO's eligible population. MCOs may reduce their sample size using this year's administrative rate for 6 or more visits or the prior year's audited, product line-specific rate for 6 or more visits. For information on reducing sample size, refer to the Guidelines for Calculations and Sampling.
Numerators:	Seven separate numerators are calculated, corresponding to the number of members who received: zero, one, two, three, four, five, and six or more well-child visits with a primary care practitioner during their first 15 months of life. To count toward this measure, the well-child visit must occur with a primary care practitioner. <i>Note: MCOs should refer to the Practitioner Turnover measure for the definition of primary care practitioners.</i>
Administrative:	Refer to the Administrative Specification listed above to identify positive numerator hits from the administrative data.
Medical record:	Documentation from the medical record must include a note indicating a visit with a primary care practitioner, the date on which the well-child visit(s) occurred, and evidence of the following: <ul style="list-style-type: none"> ◆ a health and developmental history (physical and mental) and ◆ a physical exam and ◆ health education/anticipatory guidance. <p>MCOs should reference the <i>American Academy of Pediatrics Guidelines for Health Supervision</i> and <i>Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents*</i> for more detailed information on what constitutes a well-child visit.</p>

* *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents* was published by the National Center for Education in Maternal and Child Health.

Exclusions (Optional):

None.

Note(s):

1. Preventive services may be rendered on the occasion of visits other than well-child visits. If the specified codes are present, these services count, regardless of the primary intent of the visit.
2. MCOs may count services that occur over multiple visits toward this measure as long as all of the services occur within the time frame established in the measure.
3. Inpatient, emergency room, and specialist visits do not count in this measure. The intent is to capture comprehensive well-child visits only.
4. MCOs employing the hybrid methodology may use a combination of administrative data and medical record review to identify well-child visits for a given individual in the denominator as long as the dates of service are at least two weeks apart. For example, for one member, an MCO may count two well-child visits identified through administrative data and another visit identified through medical record review (for a total of three well-child visits) if each visit shows a different date of service and the dates are at least two weeks apart.

Data Elements for Reporting

MCOs that submit HEDIS data to NCQA must provide the following data elements:

Table U2-1/2: Data Elements for Well-Child Visits in the First 15 Months of Life

	Administrative	Hybrid
Measurement Year	X	X
Data collection methodology (Administrative or Hybrid)	X	X
Sampling method used		X
Eligible member population (i.e., members who meet all denominator criteria)	X	X
Number of numerator events by administrative data in eligible population (before exclusions)		X
Current year's administrative rate (before exclusions)	X	X
Minimum required sample size (MRSS) or other sample size		X
Oversampling rate		X
Final sample size (FSS)		X
Number of numerator events by administrative data in FSS		X
Administrative rate on FSS		X
Number of original sample records excluded because of valid data errors		X
Number of employee/dependent medical records excluded		X
Additional records added from the auxiliary list		X
Denominator	X	X
Numerator events by administrative data	Each of the 7 rates	Each of the 7 rates
Numerator events by medical records		Each of the 7 rates
Reported rate	Each of the 7 rates	Each of the 7 rates
Lower 95% confidence interval	X	X
Upper 95% confidence interval	X	X